U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use-Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
E (NG172005)			
WS DROP			
1. File Number U -	2. Fiscal Year Covered From:		
	11 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JOHN M LISTER	Name ASBESTOS GORRES LOCAL#6		
	Labor Organization File Number 603-262		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
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State MASS ZIP Code +4	State MASS ZIP Code + 4 02 122=		
5. Position in labor organization. PRESIDENT, HEAL	THE WELFARE HIENSON TRUSTES		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the secondary)	ng doormoots) hoo book ayaminad bu tha alamata a a a to to to a su		
Signed Signed Signed			
	On <u>0,5,05</u> <u>(31,4,0,35,-3,9,7,5)</u> Date Telephone Number		

Name of Person Filling JOHN M. TUSTER	File Number U-
Name of Person Filing JUHN M. TISTER	rile Number 0-
B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally action of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to or otherwise
8. Name and address of Business (including trade name, if any). Name SEGAL COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street HV HUNTINGTON AVE City BOSTON State MASS, ZIP Code + 4 WIGSTAN	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ASBCSTO UCCERSIS LOCALH G H-FW + PENSION Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 730 BCGAOWAY City NEW GORE State NCW YORK ZIP Code + 4 1003-7511	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. CHELSTMAS DINNERZ ID-(13/c 4 FONSULED BY 9. SEGA L. CD. UBS — PRIME: ASSET COUSULTING MARCO CONSULTING 12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Name of Person Filing JOHN M. LISTOR		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or	S
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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P.O. Box, Bldg., Room No., if any	b. Trust	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above)	
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Name of Person Filing JOHN M. LISTOR		File Number U-
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
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13.b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.	Engalijanju programatika od opini programati

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ASSISTOS GOCICEIS 100 46 HWFIN	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 30 Bloaduny 107HELOGO	c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
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	& TRUSTEET MEETING 10/20/04
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name	of	Person	Filipa

JOHN M. LISTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary values and the substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organication.	erwise dealing with the business ctively seeking to represent, or	
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The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

signature

date